

# TB CARE I

# **TB CARE I - Kazakhstan**

Year 4 Quarterly Report January – March 2014

**April 30, 2014** 

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### 1. Quarterly Overview

Country	Kazakhstan
Lead Partner	KNCV
Coalition Partners	N/A
Othor Partners	NTP, PIU GF, QHCP,
Other Partners	Dialogue
Worknight Timeframe	October 1, 2013 -
Workplan Timeframe	December 31, 2014
Reporting Period	January - March 2014

#### **Most Significant Achievements:**

- The national online TB database for the prison system is now synchronized with the online database of the general TB service. The consolidated TB database will now allow for the instant exchange of data between prison and general TB services. TB CARE I developed software for the Prison Service and trained Prison Service staff from all regions of country on the use of the new consolidated TB database.
- TB CARE I provided technical assistance in the development of National MDR TB Guidelines. The newly developed National MDR TB Guidelines were adopted by the NTP scientific council in March 2014, and submitted to MoH.
- Akmola region continues successful implementation of full outpatient care for TB and MDR TB patients (including children) in TB and PHC facilities at all level of region (city, district, rural settings). Outpatient coverage for TB and MDR-TB patients increased from 23% between July-September 2013 to 28% between October-December 2013.

#### **Technical and Administrative Challenges:**

N/A

## 2. Year 4 Technical Outcomes and Activity Progress

### 2.1 Universal Access

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Results to Date <sup>1</sup>	Comments
1.2.11	National policy document on outpatient care introduced at national level	NO	National policy document on outpatient care introduced at the national level	No	The national policy document on outpatient care is still under consideration of the MOH
1.2.12	Percent of (MDR) TB patients put on full outpatient care in Akmola and East Kazakhstan regions  Numerator: Number of (MDR) TB patients put on outpatient care  Denominator: Total number of (MDR) TB patients put on treatment	Akmola oblast – 82 patients put on full outpatient care for Jan-June 2013 (or 14% from all TB/MDR-TB); East Kazakhstan oblast – 0	Akmola oblast – 30%; East Kazakhstan oblast – 10%	Akmola oblast: Data of cohort analysis for 2013 (July-September): 23.3% (or 74) patients including TB and MDR-TB put on full outpatient care (from registered 318 patients)  Data of cohort analysis for 2013 (October - December): 28 % (or 69) patients including MDR-TB put on full outpatient care (from registered 247 patients)	

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<sup>&</sup>lt;sup>1</sup> If results are not available, write "Measured annually" or "Not yet measured" and say when the data are estimated to be available. Not all indicators can be measured quarterly.

				East Kazakhstan region (data for Semey and Oskemen cities): Data of cohort analysis for 2013 (July-September): 21.2 % (or 67) patients including MDR-TB put on full outpatient care (from registered 313 patients) Data of cohort analysis for 2013 (October - December): 17,8 % (or 47) patients including MDR-TB put on full outpatient care (from registered	Full outpatient care is not officially introduced in EKO, because of the absence of the relevant national policies
1.2.13.	Percent of MDR TB patients in prisons put on SLD treatment  Numerator: Number of MDR TB patients in prisons put on SLD treatment  Denominator: Total number of diagnosed MDR TB patients	60% in 2012	85% MDR TB patients having adequate treatment in Akmola, East Kazakhstan and North Kazakhstan oblasts	264 patients) N/A	The data will be available next month

Activity	Lead	TB CARE Year 4	Cumulative Progress as of	Planne	d Month	Status <sup>2</sup>
Code (***)	Partner	Planned Activities	End of Quarter	Start	End	
1.2.1.	KNCV	policy document (new provisions of MOH order	Completed in Quarter 1: Since the approval of MoH order 218 has been postponed, and taking into account the newly developed national TB/MDR/XDR-TB complex plan for 2014 – 2020, the activity was redesigned into the national workshop on introduction of full outpatient care based on results of full outpatient care piloting in Akmola region.  For the period of November 20-22, 2013, TB CARE I Regional Technical Officer Gulnara Kaliakbarova, with support of TB CARE I regional staff (Country Director for Kazakhstan/Regional Senior TB Advisor, Regional M&E Officer, Regional Technical Director and Regional IC Officer) and KNCV HQ Senior Epidemiologist and KNCV HQ HRD Consultant conducted a three-day workshop in Astana to gather key specialists from the MoH, NTP (central level and chief doctors from all TB dispensaries and Akmola region team (60 participants, 32 females, 28 males) to share Akmola region's results of implementation of full outpatient care and identify next steps for enhancing outpatient care of TB/MDR-TB patients,	Nov 13	Feb 14	Completed

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<sup>&</sup>lt;sup>2</sup> Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the workplan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

			expanding full outpatient care through the entire country. The MoH and NTP fully supported the pilot's results. The newly developed National Strategic TB Plan for 2014-2020 will promote a scale-up of Akmola pilot experiences to the entire country, which is already supported by the draft MoH's order 218, to be signed in the spring of 2014.  Output:  Conducted a workshop in Astana to discuss comprehensive outpatient care and psychosocial support models that increase patients' commitment to treatment.  Developed a set of recommendations to expand the outpatient model of care throughout the entire country.			
1.2.2.	KNCV	Monitoring and supervision visits to Akmola oblast to support administration of outpatient care across the Akmola oblast	Completed in Quarter 1: For the period of October 27 – November 2, 2013, Regional Technical Officer and Chief Doctor of Akmola region conducted monitoring and supervision visits across the Akmola oblast to support administration of outpatient care. As a next step, Akmola region started implementing full outpatient care at PHC facilities at the district level. Mission findings and recommendations were developed and discussed with Akmola team.  Output:  Supportive supervision visit conducted and set of recommendations on the implementation of outpatient care	Oct 13	Sep 14	Ongoing

			<ul> <li>and provision of TB patient support (based on mission findings and results) developed.</li> <li>Conducted on-the-job training on the provision of psychosocial patient support for those involved in providing patient support (psychologists, social workers and DOT nurses.)</li> <li>Discussed with TB service managers the data collected on outpatient care and patient support in preparation for the workshop on lessons learned and to draft a protocol on operational research on outpatient care.</li> <li>Next supervision and monitoring visit is planned for May 2014.</li> </ul>			
1.2.3.	KNCV	and patient support in Akmola oblast	Completed in Quarter 2: Training on full outpatient care and patient support in Akmola oblast conducted on March 4 – 5, 2014. Training topics included administrative, clinical and organizational aspects in TB management in outpatient care settings, patient adherence to treatment and patient support. Specialists of Akmola TB program (trained as trainers) co-facilitated the event.  Output: Twenty specialists of Akmola region (females -16 and males - 4) from TB/PHC and SES services from urban and rural facilities trained in the provision of outpatient care.	Feb 14	Apr 14	Completed
1.2.4.	KNCV	Training on outpatient care and patient support	Completed in Quarter 2: Set of trainings on full outpatient care and patient support in East Kazakhstan	Nov 13	Feb 14	Completed

oblast conducted on March 13 - 20, 2014. Training topics included administrative, clinical and organizational aspects in TB management in outpatient care settings, patient adherence to treatment and patient support. Specialists of Akmola and EKO TB programs (trained as trainers) were involved in the event as co-facilitators.  Output: Fifty eight specialists from EKO (females - 53 and males - 5) from TB/PHC and SES services from urban and rural levels trained according to the WHO policy and new policy documents.  Completed in Quarter 1: For the period occuments.  Completed in Quarter 1: For the period occuments.  Technical Officer and key specialists of East Kazakhstan oblast  Technical Officer and key specialists of East Kazakhstan region conducted monitoring and supervision visits across the oblast to asses practice on outpatient care, identify needs and capacity, support administration of outpatient care. Mission findings and recommendations have been developed and discussed with EKO team.  Output:  Supportive supervision visit and a set of recommendations on the implementation of outpatient care and provision of TB patient support (based on mission findings and results) developed.	d
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1.2.6.	KNCV	Coordination meeting with Prison Service on the implementation of TB control reorganization plan in prisons for 2012-2015	NTP informed TB CARE I that presently the government does not plan for the transfer of prison health service from the Ministry of Justice to the Ministry of Health upon newly developed the Complex NTP plan for 2014-2020. Thus, this activity is going to be cancelled.	Mar 14	Jun 14	To be cancelled
1.2.7.	KNCV	Development of regulation (instruction) on clinical management of TB patients during transportation	Based on the earlier agreement with NTP management team, the draft of the instruction document was developed in March by the technical working group with involvement of representatives from NTP, Prison Service in Astana, and practitioners from pilot sites (Akmola, EKO and NKO). After distribution of the draft version to all services involved (SES, MoIA, convoy department), this document will be finalized at the next TWG meeting next quarter.	Apr 14	Jun 14	Pending
1.2.8.	KNCV	Training for convoy staff on personal IC prevention measures during transportation	Completed in Quarter 2: On the requirement of MoIA, training has been conducted in Astana in March 4-5, 2014. The target group (30 participants/ 30 males) includes national military staff selected for the training because of their role regularly transporting prisoners (including TB, MDR TB patients). TB CARE I Regional TB Advisor and IC Specialist/Epidemiologist from pilot Akmola region facilitated the training. Knowledge of the participants was evaluated before and after the course, increasing from 48% at pre-test to 78% at post-test.	Nov 13	Jul 14	Completed

#### **Pictures**

Training on full outpatient care and patient support, Oskemen, March 17-20, 2014



Pic 1. Small group work, March 17



**Pic 2.** Presentation of small group work, March 19 - 20 (from left to right - Bayan Asimkhanova, Chief Specialist, SES Service of Oskemen City, and Valery Krokhin, District General Practitioner, Central Hospital of Katon-Karagaysky District)



**Pic 3.** Small group work, March 19-20



Pic 4. Small group work, training in Akmola oblast TB dispensary, March 13-14, 2014



**Pic 5.** Presentation and discussion of case studies on TB-IC measures at outpatient care settings



Pic 6. Training for convoy staff in Astana, March 4-5, 2014

### 2.2 Laboratories

Code	Outcome Indicators and Results	Actual Year 3 or	<b>Expected End of</b>	Results to Date	Comments
		<b>Baseline Result</b>	Year 4 Result		
2.3.2	Rapid tests conducted	NRL - 1,400	NRL - 1,920	NRL - 1,277	Almaty site
		Almaty - 1,350	Almaty - 1,920	Almaty – 785	experienced
		EKO - 1,350	EKO (Oskemen) –	EKO (Oskemen) –	temporary stock
		Akmola - 1,400	1,440	626	out of cartridges
			Akmola - 1,920	Akmola - 625	
2.3.3	Patients diagnosed with GeneXpert	ТВ	ТВ	NRL - TB 508	Data are for Oct
		NRL - 630 (45%)	NRL - 922 (48%)	(41%), RIF – 219	2013-Mar 2014.
		Almaty - 675	Almaty - 1018	(43%)	Xpert MTB
		(50%)	(53%)	Almaty - TB 131	positivity rate in
		EKO -620 (46%)	EKO -691 (48%)	(17%), RIF 57	Almaty city
		Akmola - 560	Akmola - 864	(44%)	decreased because
		(40%)	(45%)	EKO (Oskemen) - TB	of changes in the
				240 (39%), RIF 127	diagnostic
				(53%)	algorithm that was
				Akmola – TB 290	proposed by the
				(54%), RIF 138	FIND laboratory

				(48%)		consultant that is currently tested in three sites including Almaty city TB laboratory. Xpert MTB positivity rate in EKO remains the same but Rif resistance increased from 46% in Quarter 1 2013 to 55% for the same period in 2014 due to improved quality of patients selection and procedures. Error rate was 2% in EKO. In Akmola the data remains the same.
Activity Code	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the	Planned	l Month	<b>Status</b> (pending, ongoing,
(***)	Partner	Planned Activities	quarter's end	Start	End	completed, postponed, cancelled)
	KNCV		Completed in Quarter 1: The Gene Xpert maintenance plan was developed by Sanne van Kampen, KNCV Laboratory Service Consultant and finalized by the GeneXpert coordination working group.	Oct 13	Nov 13	Completed
2.3.2.	KNCV	Training in Xpert MTB/RIF maintenance and troubleshooting, planning and budgeting	Program for training on maintenance and troubleshooting was developed by Sanne van Kampen, KNCV Laboratory Consultant. Upon request of the NRL training will be conducted on April 9 – 10, 2014 for heads of 19 GeneXpert laboratories.	Dec 13	Mar 14	Pending

2.3.3.	KNCV	monitoring of Xpert	Completed in Quarter 2: Supervision visits to Akmola, EKO and Almaty city and Talgar are planned from March 31 - April 5 and will be conducted prior to the maintenance and troubleshooting training.	Oct 13	Sep 14	Ongoing
2.3.4.	KNCV	Meetings to review progress of Xpert MTB/RIF implementation in the project sites	Meeting on progress of GeneXpert implementation will be conducted in April - May in Almaty, EKO and Akmola	Mar 14	Sep 14	Pending
2.3.5.	KNCV	Revision of the national Xpert MTB/RIF strategy	N/A	Jul 14	Sep 14	Pending
2.3.6.	KNCV	Refresher trainings on clinical aspects of Xpert MTB/RIF for clinicians of TB and PHC services in TB CARE I sites	Completed in Quarter 2: On March 6, 2014 one-day training was conducted for districts' TB doctors and PHC doctors in Akmola Region (total participants: 23, 7 males and 16 females).  On March 12, 2014 one-day training was conducted for nurses, a total of 18 participants (one man and 17 women) were involved in the training in Oskemen (EKO). This training was combined with PMDT training. Both trainings were facilitated by Svetlana Pak, TB CARE I Regional Senior TB Advisor together with specialists from the regional TB services.	Nov 13	Jun 14	Ongoing
2.3.7.	KNCV	Trainings on clinical aspects of Xpert MTB/RIF testing for doctors and nurses from peripheral prisons	Completed on Quarter 2: On March 7, 2014 a one-day training was conducted for prison medical workers (doctors and nurses) in Akmola region by Svetlana Pak, Regional Senor TB Advisor TB CARE I. (Total participants – 12: people, 3 males and 9 females)	Oct 13	Jun 14	Ongoing
2.3.8.	KNCV	Delivery of Xpert cartridges to Xpert sites	Completed in Quarter 2: 3,840 cartridges were procured in February 2014	Nov 13	February 14	Completed

2.3.9.	KNCV	Support to NTP to ensure	Completed in Quarter 2: Meeting of the	Nov 13	Sep 14	Ongoing
		sustainable operation of GX	Gene Xpert coordination working group			
		and supply of cartridges	was conducted on January 28, 2014 to			
		through state funds	discuss the issue of cartridges supply in			
			the country. In 2014 cartridges will be			
			supplied through the FIND/EXPAND TB			
			project for all 19 GeneXpert machines			
			operated in the country. It was agreed			
			that cartridges will be distributed			
			through the National Reference			
			Laboratory. All 19 Gene Xpert			
			laboratories submit monthly reports on			
			use of cartridges to the NRL.			

## 2.3 Infection Control

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Results to Date	Comments
3.1.1	National TB-IC guidelines that are in accordance with the WHO TB-IC policy have been approved	National TB IC guidelines approved	National TB IC Guidelines introduced in all TB facilities of Akmola and EKO oblasts		Regional TB-IC Officer is editing the draft National TB IC Guidelines. Finalization of the guidelines is planned in July, 2014
3.1.2	TB-IC measures included in the overall national IPC policy	Revision of SES regulatory documents (such as SanPin, government order #309) initiated	SES regulatory documents (such as SanPin, government order# 309) revised and approved		TWG on SES regulatory documents is going to be conducted during summer 2014.
3.2.1	"FAST" strategy has been adapted and adopted	FAST strategy included in the national TB IC guidelines	FAST strategy adopted and implemented at a TB facility level in project sites	No	The wording of the FAST strategy was included in National TB IC guidelines. Only two TB facilities in EKO

3.2.2	measures		TB service and SES	Akmola and East Kazakhstan oblasts implementing IC measures with TB	implement measures CARE supp	d two TB EKO are ing TB IC with TB ort	and four TB facilities in Akmola (50%) are implementing FAST.  5 TB facilities will be covered in the fourth quarter
Activity	Lead	TB CARE Year 4			Planned		Status
Code (***)	Partner	Planned Activities		ogress at End of orter	Start	End	(pending, ongoing, completed, postponed, cancelled)
	KNCV	documents	IC documents is pla of National TB-IC G		Oct 13	Sep 14	Pending
3.2.1.	KNCV		November 2013, the Officer and represer Akmola TB dispensa facilities in the EKO in the Akmola oblast the development of during on-the job troutput:  Supportive visits IC activity plan facilities in East Akmola oblasts.  Supportive visits selected PHC face	e Regional IC ntatives of EKO and ries visited six TB and six TB facilities ts and facilitated TB-IC activity plans rainings.  s conducted on TB- development for TB Kazakhstan and s conducted to	Oct 13	Feb 14	Completed

		TB-IC activity plans based on findings from supervision and monitoring visits.			
3.2.2.	of TB IC plans	Supervision and monitoring visits on implementation of TB-IC are planned in June 2014	Jun 14	Sep 14	Pending

## **2.4 PMDT**

Code	Outcom	e Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Results	to Date	Comments
4.1.1	Number of MDR TB patients put on SLD treatment Numerator: Number of MDR TB patients put on SLD treatment Denominator: Total number of enrolled MDR TB patients		Akmola oblast – 85% (374/437) EKO – 87% (677/775)	Akmola oblast – 90% (396/440) EKO - 90% (702/780)	December 2013 f Akmola oblast – qua 100% (73/73) 20		Data is available for first two quarters (Oct-Dec 2013 and Jan- March 2014)
Activity	Lead	TB CARE Year 4	Cumulative Progr	ess as of Quarter's	Planne	d Month	Status
Code	Partner	Planned Activities		ind	Chart	F., 4	(pending, ongoing,
(***)					Start	End	completed, postponed, cancelled)
4.1.1.	KNCV	Development and submission to the national TB program training modules on comprehensive, programmatic management of DR TB (utilizing cross cutting	Completed in Quarter 1: The final draft module on comprehensive management of drug resistant TB was developed. During the TOT training on November 24-29, 2013, this module was finally adjusted for its further use in practice in pilot sites.		Nov 13	Jan 14	Completed

		content)				
4.1.2.	KNCV	PMDT assessment visit in NKO	Completed in Quarter 1:The program review was held in North Kazakhstan oblast by a team of specialists consisting of TB CARE I, NTP, Prison and SES professionals on November 5-8, 2013, to observe current TB (MDR-TB) situation in prison and general services.  The main challenges were raised at the final meeting with key decision-makers of the oblast such as, lack of programmatic management of TB and MDR-TB activities, and weak communication between health services in TB data management and clinical management. It was agreed that progress on the recommendations will be checked by the Deputy Head of the oblast healthcare department; results will be discussed during the fourth quarter coordination meeting.  Output:  • Assessment visits conducted to provide practical support and recommendations to local staff of general and prison health care services in the oblast.	Nov 13	Nov 13	Completed
4.1.3.	KNCV	Advanced TOT training on comprehensive programmatic management of DR TB	Completed in Quarter 1:The five-day training was held on November 25-29, 2014 in Astana for healthcare professionals from prison and general health services (TB, HIV, SES), engaged in clinical management of DR-TB in their respective areas in Eastern Kazakhstan, North Kazakhstan and Akmola oblast, as well as representatives from the National TB Center. The event was aimed at	Jan 14	Feb 14	Completed

			preparing them as trainers for local practitioners in clinical management of TB, TB-HIV and DR-TB in accordance with national PMDT guidelines. A total of 25 participants (7 males and 18 females) were involved in the training, with facilitation by TB CARE I staff (Country Director for Kazakhstan/Regional Senior TB Advisor, Regional Technical Officer and Regional IC Officer), and the KNCV HQ HRD Consultant. Specialists from the National TB Center and pilot regions co-facilitated the TOT. Knowledge of the participants was evaluated before and after the course, increasing from 49% at pre-test to 82% at post-test.  Output:  National team of specialists from different services trained on comprehensive management of drug resistant TB  Practitioners from the pilot regions introduced to the main principles of management of drug resistant TB			
4.1.4.	KNCV	DR TB policy regulations (new DR TB guideline,	The three-day training was held on March 11-14, 2014 for healthcare professionals from prison and general TB services, engaged in clinical management of DR-TB in their respective areas in Eastern Kazakhstan. The event was aimed at preparing them to train local practitioners in the latest approaches on clinical management of TB, TB-HIV and DR-TB in accordance with national PMDT policies.	Feb 14	Mar 14	Pending

			A total of 18 participants (one man and 17 women) were involved in the training. TB CARE I staff, TB Specialists and Epidemiologist from OTBD co-facilitated this training			
4.1.5.	KNCV	Cross-country monitoring missions between the TB CARE I countries	The cross-country monitoring missions are planned in May 2014	Apr 14	May 14	Pending
4.1.6.	KNCV	Meeting at NTP to discuss the findings of the cross monitoring mission on the country level	This meeting will be conducted on the results of cross monitoring visits in pilot sites of the country	May 14	May 14	Pending
4.1.7.	KNCV	on-the-job training	Supervision and on-the-job training are planned in June 2014 to support PMDT implementers	Jun 14	Jun 14	Pending

# 2.6 HSS

Code	Outcome	Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result	to Date	Comments
6.2.2	People tra	ined using TB CARE funds	6	6	1 Planned Month		TB CARE I will send more specialists from Kazakhstan to participate in the international MDR TB training in Riga in august 2014.
Activity Code	Lead Partner	TB CARE Year 4 Planned Activities	_	ress as of End of orter	Planned	d Month	Status
(***)	, arener	Trainied Activities	Que		Start	End	
6.2.1.	KNCV	and trainings	TB CARE I sponsored the participation of NTP Director Tleaukhan Abildayev at the 44 <sup>th</sup> Union World Conference on Lung Health in Paris on October 30-November 3, 2013.		Oct 13	Aug 14	On-going

# 2.7 M&E, OR and Surveillance

Code	Outcome	Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Results	to Date	Comments
7.3.2	OR study r	esults disseminated	1	2	being fina on X implemen OR on	Idies are alized (OR opert tation and patient in EKO)	
7.1.2	framework surveilland and forms system in	in the electronic e system. Revise definitions e system. Revise definitions of electronic surveillance accordance with latest dations of the WHO by	No	Yes	Measured	l annually	
7.1.2	The percentage of penitentiary institutions with validated electronic data in a quarter  Numerator: Number of penitentiary institutions that register data and register error-free date, as checked by automatic data validation		0% (0) in June 2014	85% (29/35)	data will s measured	neasured; start to be after next irter	
		ator: Number of ry institutions that use register					
7.2.3	The percentage of oblast TB facilities using the national electronic M&E system for implementation of the National Strategic Plan.  Numerator: Number of TB facilities use national M&E indicators		0% (0) in June 2014	100% (17/17)	Not yet measured; data will start to be measured after next quarter		
	facilities	ator: Number of TB					
Activity Code	Lead Partner	TB CARE Year 4 Cumulative Progress as of End of Planned Activities Quarter				d Month	Status
(***)			•	Start	End		

7.1.1 KNCV   Development of reporting froms for the National TB forms for the National TB felectronic Register are under discussion with the specialists from NTP; it is expected to develop the set of M&E indicators in the third quarter of 2014.   7.1.2 KNCV   Training on data collection for prison M&E specialists nationwide   Training and the specialists nationwide   Training shave been conducted on March 31-April 3, 2014 for 31 (7 men and 24 women) professionals working with TB electronic surveillance from Central Prison Committee, all penitentiary system institutions (detention centers and TB colonies) facilitated by TB CARE I Regional M&E Officer, Specialists from the National TB Centre.    7.1.3 KNCV   Supportive supervision to prison TB services to improve the quality of data collection   Tuberculosis   Tuberculo							
for prison M&E specialists nationwide  for prison M&E specialists nationwide  with TB electronic surveillance from Central Prison Committee, all penitentiary system institutions (detention centers and TB colonies) facilitated by TB CARE I Regional M&E Officer, Specialists from the National TB Centre.  Output: All prison system in Kazakhistan are now using the online Unified National Centralized Database of Tuberculosis  7.1.3 KNCV Supportive supervision to prison TB services to improve the quality of data collection  7.2.1 KNCV Development of a special format for the set of National M&E indicators is still under development and discussion with the specialists from NTP; it is expected to develop the set of M&E indicators in the third quarter of 2014.  Therapido of the set of indicators in the National Electronic Register  The National Electronic Register was postponed because the set on National M&E indicators is under consideration of NTP.			forms for the National TB Electronic Register	register are under discussion with the specialists from NTP; it is expected to develop the set of M&E indicators in the third quarter of 2014.			_
prison TB services to improve the quality of data collection  7.2.1 KNCV Development of a special format for the set of national format for the set of National M&E indicators is still under development and discussion with the specialists from NTP; it is expected to develop the set of M&E indicators in the third quarter of 2014.  7.2.2 KNCV Integration of the set of indicators in the software in the National Electronic Register  Integration of the set of indicators is under consideration of NTP.	7.1.2	KNCV	for prison M&E specialists	trainings have been conducted on March 31-April 3, 2014 for 31 (7 men and 24 women) professionals working with TB electronic surveillance from Central Prison Committee, all penitentiary system institutions (detention centers and TB colonies) facilitated by TB CARE I Regional M&E Officer, Specialists from the National TB Centre.  Output: All prison system in Kazakhstan are now using the online Unified National Centralized Database	Dec 13	March 14	Completed
format for the set of National M&E indicators is still under development and discussion with the specialists from NTP; it is expected to develop the set of M&E indicators in the third quarter of 2014.  7.2.2 KNCV Integration of the set of indicators in the software in the National Electronic Register was postponed because the set on National M&E indicators is under consideration of NTP.	7.1.3	KNCV	prison TB services to improve the quality of data	Planned in June-August	Feb 14	Aug 14	Pending
indicators in the software in the National Electronic Register was postponed because the set on National Register  Register  M&E indicators is under consideration of NTP.	7.2.1	KNCV	format for the set of	M&E indicators is still under development and discussion with the specialists from NTP; it is expected to develop the set of M&E indicators in the	Oct 13	Jun 14	Postponed
7.2.3 KNCV Training in the use National Training will follow the integration of Feb 14 Aug 14 Pending	7.2.2	KNCV	indicators in the software in the National Electronic	Integration of the set of indicators in the National Electronic Register was postponed because the set on National M&E indicators is under consideration	Nov 13	Jul 14	Postponed
	7.2.3	KNCV	Training in the use National	Training will follow the integration of	Feb 14	Aug 14	Pending

		running performance	the special format for the set of national M&E indicators in the electronic register			
7.2.4	KNCV	and develop plans to	Workshop will follow the integration of the special format for the set of national M&E indicators in the electronic register	Mar 14	Aug 14	Pending
7.3.1	KNCV	Evaluation of implementation of outpatient treatment in Akmola oblast	Routine data collection is ongoing.	Nov 13	Sep 14	Ongoing
7.3.2.	KNCV	Kazakhstan	Access to database of TB patients of Kazakhstan is under the consideration of NTP.	Nov 13	Sep 14	Pending
7.3.3.		Publication of manuscripts of TB CARE I studies		Sep 14	Sep 14	Pending

# Pictures Training "Data collection for Information System for TB in the Penitentiary System"



Picture 1. Practical exercise of data entry



Picture 2. NTP specialists discuss data exchange with prison M&E specialists  $\,$ 

#### 1. TB CARE I's Support to Global Fund Implementation in Year 4

#### **Current Global Fund TB Grants**

Name (i.e. Round 10 TB)	Average Rating*	Current Rating	Total Approved Amount	Total Dispersed to Date
Round 8	B1	N/A	\$54,475,094	\$49,808,595
Round 6	B1	B1	\$8,612,252	\$ 8,612,252

<sup>\*</sup> Since January 2010

#### In-country Global Fund Status - key updates, challenges and bottlenecks

Through Global Fund TB Program Round 8, National TB program received nine GeneXpert machines and 5,820 cartridges. One GeneXpert machine was installed at the laboratory of Regional TB Dispensary in Semey, EKO. All cartridges have been distributed to 13 Xpert sites, including four sites of TB CARE I. Proposal for NFM GF has been submitted to MoH for approval on December 25, 2013.

# TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I workplan

During the period of October-December 2013, TB CARE I technical staff participated in several TWGs and provided input for the NFM concept note.

NTP/PIU GF included M&E plan, developed with support of TB CARE I, included in the National Complex Plan 2016-2020. PIU used the results of TB CARE I project on implementation of GeneXpert in four pilots and experience of Akmola oblast on transition to outpatient care for the National Complex Plan and NFM proposal.

# 2. MDR-TB Cases Diagnosed and Started on Treatment

Quarter Number of MDR Cases Diagnosed		Number of MDR Cases Put on Treatment	Comments
Total 2010	7336	5740	
Total 2011	7386	5311	
Total 2012	7608	6525	
Jan-Mar 2013	1500	1462	
Apr-Jun 2013	1972	1911	
Jul-Sep 2013	1837	1806	
Oct-Dec 2013	Not yet available	Not yet available	
Total 2013	5309	5179	
Jan-Mar 2014	1646	1641	

5. TB CARE I-supported International Visits (technical and management-related trips)

5.								
	Partner	Code	Name	Purpose	Planned Month, Year	Status (pending, completed, postponed, cancelled)	Dates Completed	Additional Remarks (Optional)
1	KNCV	1.2.1.	Ieva Leimane	Introduction of the national policy document (new provisions of MOH order 218) on outpatient care at the national level	November 2013	Completed	November 19-22, 2013	
2	KNCV	1.2.3.	Ieva Leimane	Training on outpatient care and patient support in Akmola oblast	March 2014	Completed	March 2 - 6	
3	KNCV	1.2.4	Ieva Leimane	Training on outpatient care and patient support in East Kazakhstan oblast	November 2013	Completed	March 12 - 22	
4	KNCV	2.3.2.	Sanne van Kampen	Training in Xpert MTB/RIF maintenance and troubleshooting, planning and budgeting	March 2014	Completed	April 9-10, 2014	
5	KNCV	4.1.3.	Ieva Leimane	Advanced TOT training on comprehensive programmatic management of DR TB	November 2013	Completed	November 23-30, 2013	
6	KNCV	2.3.3.	Sanne van Kampen	Supportive supervision and monitoring of Xpert MTB/RIF implementation in the country	July 2014	On going	One supportive supervision visit to TB CARE I project sites has been	Jan 26-Feb 1, 2014 April 1-8, 2014

7	KNCV	7.2.4.	Susan van den Hof	National workshop to review the results of reports and develop plans to address	August 2014	Pending	conducted for the period of Jan 26-Feb 1, 2014 and on April 1 – 8, 2014. The rest two supportive supervision visits will be conducted in the 3 <sup>rd</sup> and 4 <sup>th</sup> quarters	
				remaining gaps in performance				
Tota	Total number of visits conducted (cumulative for fiscal year)				5			
	Total number of visits planned in workplan			7				
	·				,			
Per	Percent of planned international consultant visits conducted				71%			